

INDIVIDUAL MEMBERSHIP APPLICATION **FORM**

HOW TO COMPLETE THIS FORM

General

- (a) Complete all sections in CAPITALS.
- (b) Insurance is not granted if any box is left blank.
- (c) Send only the second page (the next page) to British Taekwondo™ Membership Services (4 Tinshill Lane, Leeds, LS16 7AP).
- (1) Applicant

Give your full name.

- (2) Membership Information
- (a) Membership fees are paid and renewed annually.
- (b) 'Status' means whether an application is new or a renewal of existing membership. In the case of existing memberships, indicate whether the renewal is on time or is late.
- (c) Membership should be renewed four weeks before it is due to expire.
- (d) Existing and previous members must provide details of their British Taekwondo™ membership.
- (e) New members must receive the membership book within 6 weeks of application. The book is your property and grading record, and should be kept safe.
- (3) Grading Information
- (a) The applicant's grading and certificate details must be supplied in this section.
- (b) Under 'Applicant's Current Grade', indicate whether the grade is kup (coloured belt), poom (junior black belt rank) or dan (senior black belt rank).
- (c) Members are awarded a British Taekwondo™ certificate when they have passed a Kup or Dan grading and details should be included. No other certificate is permitted.
- (4) Personal Information
 - (a) Please give up-to-date address and contact details.
 - (b) Applicants who suffer from any medical disorder must attach a letter from their doctor confirming that they are fit to practise WTF Taekwondo. Failure to do so may invalidate insurance cover.
- (5) To be completed by applicant/parent/ guardian
- (a) The applicant should sign and date this section or, if the applicant is under 18, the parent or guardian should sign.
- (b) Indicate after the signature whether the form has been signed by the applicant, a parent or a guardian by putting a circle round one option.
- (6) To be completed by all clubs

The club instructor should sign and date this section.

- (7) Data protection
- (a) Your information will be used by the British Taekwondo™ for membership administration and insurance purposes.
- (b) British Taekwondo™ may also share your information with other sporting bodies so that they may send you information about their products and services.
- (c) If you do not agree to being contacted in this way, please click/tick in the box.

GENERAL INFORMATION

Insurance

- (a) The annual membership fee includes insurance and is non-refundable, in whole or part. Ask to see the Schedule of Insurance.
- (b) If you wish to make a claim under the British Taekwondo™ Accident and Public Liability Insurance Policy you must notify Membership Services in writing within 14 days of the accident occurring. Failure to do so may result in the claim being rejected.

Physical Contact

- (a) Applicants should be aware that from time to time it might be necessary for the Instructor to make physical contact with the applicant to adjust posture.
- (b) Sparring and self-defence can result in physical contact between members.



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INDIVIDUAL MEMBERSHIP APPLICATION FORM

(1) APPLICA	NT										
Surname											
Forename(s)											
(2) MEMBER	SHIP INFORMATIO	N									
Status (Circle)		New / Renewal on time / Renewal 1-3 months late / Renewal more than 3 months late									
Membership N°							Annual Licence N				
Expiry date (DD MM YYYY)		Day Mor		Month	onth Year		Click/tick here if you have changed clu- since your last application.		d clubs		
(3) GRADING	INFORMATION				_						
Applicant's Current Grade						Kup /	Poom / Dan (Circle one.)				
Applicant's most recent grading dates & <i>British Taekwondo</i> ™ certificate numbers		Date		_	Certificate		Examiner				
		(D	(DD MM YYYY)		N°		Name Grade			de	
(4) PERSONAL INFORMATION											
Address											
Address											
Town											
County											
Post Code											
Telephone N°	Home						Click/tick he	re if ex-directory	1		
	Mobile								•		
E Mail (Parent's if under 18.)											
Occupation											
Date of birth (DD MM YYYY)					(Insert	day, m	onth and year as nun	nbers)			
Nationality											
Med Condition or Disability											
Status (Circle)		In	struct	or / Stu	dent		Sex (Circle)	Male /	Female		
(5) TO BE COMPLETED BY APP			PLICANT/PARENT/GUARDIAN in informed of the potential risks of practicing Taekwondo. I apply for membership of								
							racticing Taekwondo tions of the organisat		mbershij	o of	
Applicant's/Parent's/ /Guardian's Signature								Applicant / Pare circ)		ardian	
Date (DD MM YYYY)					(Insert	day, mo	onth and year as num	,	,		
(6) TO BE COMPLETED BY ALI		L CLUE	BS								
Instructor's Name											
Club or Member Group Name											
Club N°		Area Nº			Club N°)	Branch			
Instructor's Signature						•					
Date (DD MM YYYY)					(Insert	day, mo	onth and year as num	bers)			
(7) DATA PR	OTECTION										

If you do not wish to be contacted by other sporting bodies, please click/tick the box on the right.